IDAHO COUNCIL ON CHILDREN'S MENTAL HEALTH

COMMUNITY REPORT

DECEMBER 2003

IDAHO COUNCIL ON CHILDREN'S MENTAL HEALTH (ICCMH) COMMUNITY REPORT

Publicly Funded Mental Health Services and Supports for Children in Idaho

This second annual Community Report Card will provide an overview of children's mental health services and supports provided through the regional and local councils, Department of Health and Welfare (DHW), Department of Juvenile Corrections (DJC), and the State Department of Education (SDE). The services and supports provided are targeted toward children with serious emotional disturbance (SED) and their families. The ultimate goal of the services and supports is to maximize the family's ability to provide care for their child at home.

According to the 2000 census, there are approximately 369,000 people under age 18 in Idaho. National standards for estimating the number of children with serious emotional disturbance is between 5-9 percent. Using 5 percent as an estimate, there are approximately 18,452 children with a serious emotional disturbance in Idaho. Not all of these children will need to access publicly funded mental health services. A prior needs assessment on Idaho's mental health system for children estimated that 40 percent of those children or 7,381 will need to access publicly funded mental health services during the year.

ICCMH

The Idaho Council on Children's Mental Health (ICCMH) was formed in February 2001. The Council is chaired by the Lt. Governor and has appointed members from the Governor's office, the Departments of Health and Welfare, Juvenile Corrections, and Education, as well as parents, advocacy groups, a county commissioner, and representatives of the legislature, judicial branch, children's mental health service providers, and regional councils. Nominations are pending for additional members representing the Hispanic community and Idaho's tribes.

One of the major goals accomplished in 2002 was the development of policies, guidelines and procedures for the formation and chartering of regional and local councils. These councils bring together local child serving agencies to coordinate care for children with serious emotional disturbance and their families. Families play two major roles in the local councils: as valued members of the councils and participating in staffing cases, and as integral participants in treatment planning for their children's needs.

The ICCMH fosters the development and upholding of formal agreements between the collaborating child serving agencies. The ICCMH encourages all partners in a system of care to meet high standards of care, including standards for cultural competence and family involvement, as well as standards of practice that have been shown to be effective from research and evaluation studies. The Idaho Council on Children's Mental Health will monitor both the clinical and functional outcomes of children to ensure that services are making a positive contribution to the well-being of the children and their families using a participatory evaluation model.

The ICCMH also has accepted the role of governance body for the federal cooperative agreement, "Building on Each Other's Strengths," in support of developing a system of care for children's mental health in Idaho. "Building on Each Other's Strengths" is a cooperative agreement focused on developing a system of care for children with SED and their families. A system of care is a parent-driven network of schools, advocacy organizations, public and private agencies working collaboratively to assure that the needs of families and children are met. This system of care provides community-based services and supports for children with SED and their families.

The ICCMH is particularly well-suited for this task. The council's membership includes individuals with the authority to make policy decisions for the system of care. The ICCMH reviews the expenditure of funds within the cooperative agreement to assure they are used appropriately within the communities.

REGIONAL COUNCILS

There are seven regional councils located across the state. Each regional council serves a geographic area corresponding to one of the seven Department of Health and Welfare service delivery areas. Regional council membership varies based on the number of local councils in the geographic area and number of community partners willing to participate in the system of care. Typically, regional council members represent the community-based local councils, parents, child serving agencies, and other community partners such as businesses, faith-based organizations, and the judiciary.

Regional councils provide a critical link between community-based local councils and the ICCMH. Regional councils provide feedback to the ICCMH on successes and challenges being experienced at the community level in the development and implementation of Idaho's system of care. The regional council chairs meet each month to examine challenges and concerns from their respective communities. The chairs refine issues and develop recommendations for possible adoption by the ICCMH. The regional councils also act as a conduit for the dissemination of statewide policies and plans affecting the statewide system of care to the local councils. Regional councils receive a limited amount of flexible funding to support regional council, local council, and family development. Community-based groups wishing to formally join in the statewide system of care are granted a charter from the regional council in their region.

LOCAL COUNCILS

Local councils are chartered collaborations at the local level with the purpose of extending the system of care to communities. The local councils work directly with families and children in their own communities to develop coordinated plans for services and supports. Local councils may include participants from local school districts, the Department of Juvenile Corrections, the Department of Health and Welfare, private providers, families of children with SED, and other community partners. The number of communities receiving a charter rose dramatically since the start of court plan implementation in 2000. Seven local councils were chartered at the end of 2001. Today, there are 31 local councils under charter throughout the state of Idaho. In state fiscal year (SFY) 2003, local councils staffed 110 cases, compared to 94 in SFY 2002.

The rapid growth of the number of councils at the local community level is a clear indicator of the grass roots level support for the system of care philosophy across the state. The support at the local level continues despite the challenges imposed by fluctuating budgets, limited service capacity, and agency constraints.

The local councils grew at a much faster rate than the system of care's ability to support that growth with training, evaluation, and outreach development. As a result, many local councils required additional time to understand their role in a system of care and properly prepare them to be an effective resource for families in their respective communities. Despite the delays in several communities, the total number of children and families working with local councils increased fifteen percent from the previous year. While it is too early in the evaluation process to draw definitive conclusions about the effectiveness of local councils, anecdotal reports from families and individual council members are very positive.

DEPARTMENT OF HEALTH AND WELFARE [1]

The Department of Health and Welfare provides services to children with serious emotional disturbance (SED) and their families through voluntary agreements with the parents. The Department of Health and Welfare's mental health services are provided through two separate delivery systems, Medicaid and the Mental Health Authority (MHA). Medicaid and the Children's Health Insurance Program (CHIP) offer a variety of outpatient mental health services and inpatient services to individuals qualifying for Medicaid coverage. The Mental Health Authority is the children's mental health program of the Division of Family and Community Services (FACS). Children must meet the Department's definition of serious emotional disturbance which means a diagnosed emotional disorder and a substantial impairment of functioning in major life activities. (See appendix A for the complete definition.)

During state fiscal year (SFY) 2003, July 1, 2002 to June 30, 2003, the following children's mental health services were provided to children and families by the Department of Health and Welfare.

REFERRALS FOR MENTAL HEALTH SERVICES

2003	**5,534**
2002	**4,273**
30% increase	

Figures reflect information/referral requests to the Department of Health and Welfare concerning children's mental health services. Families were referred to private providers or other community resources when their children did not qualify for services from the Mental Health Authority.

[1] The information for Health and Welfare was derived from the Children and Family Services information system – FOCUS and the Medicaid information system. Personnel costs are not included.

ASSESSMENTS

Comprehensive Assessments		**2003**	**1,143**
Other Assessments – suicide risk, mental status exams, etc.		**2003**	**1,455**
	Total		**2,598**
Comprehensive Assessments		**2002**	**1,802**
Other Assessments – suicide risk, mental status exams, etc.		**2002**	**1,964**
	Total		**3,766**
	31% decrease		

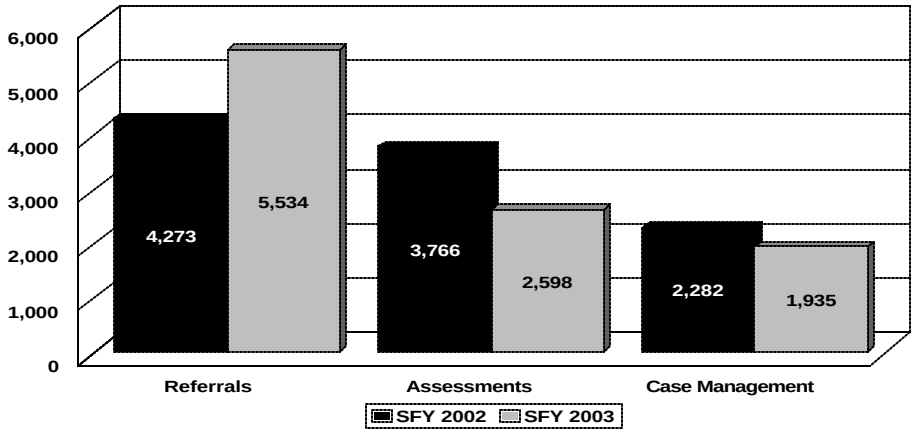
A comprehensive assessment is defined as the use of the clinical interview, psychometric tools as needed, and pertinent information gathered from the family and community that addresses safety issues, family's /child's concerns, strengths, and natural supports. The assessment is used to determine the child's mental health service needs and identify resources to meet those needs. Additionally, the Department provides suicide risk assessments and mental status exams.

CASE MANAGEMENT

	2003	**1,935**
	2002	**2,282**
	15% decrease	

Department of Health and Welfare staff provides case management children and their families. Case management is defined as a process for linking and coordinating segments of a service delivery system to develop a comprehensive plan for meeting an individual's need for care.

SERVICES PROVIDED FOR CHILDREN WITH SED



Note: The children's mental health program has realized a reduction of 14.5 full-time staff positions in the last year as a result of the FY2003 budget holdbacks. To ensure that this did not result in a reduction of services to the children and families in Idaho, the assessment and service planning function of the Psychosocial Rehabilitation (PSR) program was contracted to private providers. This program change made it possible for private mental health providers of PSR services to complete their own comprehensive assessments, service planning, and functions of case management, which used to be the sole responsibility of the CMH program. This has resulted in an increase in the PSR services, but reflects a reduction in the number of assessments and case management services conducted by the children's mental health program.

THERAPEUTIC FOSTER CARE

2003	**93**	**$439,252**
2002	**42**	**$216,510**
	121% increase	

The cost reflects the amount paid for therapeutic care and does not include the basic foster care rate, clothing or incidentals. Therapeutic foster care is the temporary care of a child in a licensed foster home that is trained and supported to provide therapeutic 24 hour care for the child. The inclusion of the child's parents in the care and planning is an essential component of therapeutic foster care.

DAY TREATMENT

2003	**142**	**$1,943,000**
2002	**43**	**$1,800,000**
	230% increase	

Data are reflective of cases within the Health and Welfare system only. Day treatment is a collaborative effort between the Department of Health and Welfare and local school districts to establish structured, intensive treatment in a school or other educational setting. The treatment is aimed primarily at emotional and behavioral interventions, resulting in decreased psychiatric symptoms and increased levels of functioning. It may include a range of services such as companions or tutors to an intensive, self contained classroom setting.

Note: Data recorded in this category has been updated for both FY2002 and FY2003 to reflect the total number of children entered in DHW's information system receiving day treatment services.

FAMILY SUPPORT SERVICES

2003	**150**	**$234,616**
2002	**149**	**$222,791**

Family support services are best described as assistance to families to manage the extra stress that accompanies caring for a child with mental health needs. This service is provided to Health and Welfare clients. The main goal of family support services is to strengthen adults in their roles as parents by providing resources for transportation, family preservation services, emergency assistance funds, training, education, or other similar services. In addition, the Department of Health and Welfare has a contract with the Idaho Federation of Families for Children's Mental Health in a collaborative effort to support family advocacy and support services across the state. The total contract award is $288,952.

RESIDENTIAL CARE

2003	**128**	**$2,383,517**
2002	**120**	**$1,432,306**
	7% increase	

Residential care is defined as group homes and treatment facilities that provide 24 hour care for children in a licensed, highly structured setting delivering comprehensive therapeutic interventions. The children stayed an average of 119 days.

RESPITE CARE

2003	**88**	**$38,848**
2002	**53**	**$21,825**
	60% increase	

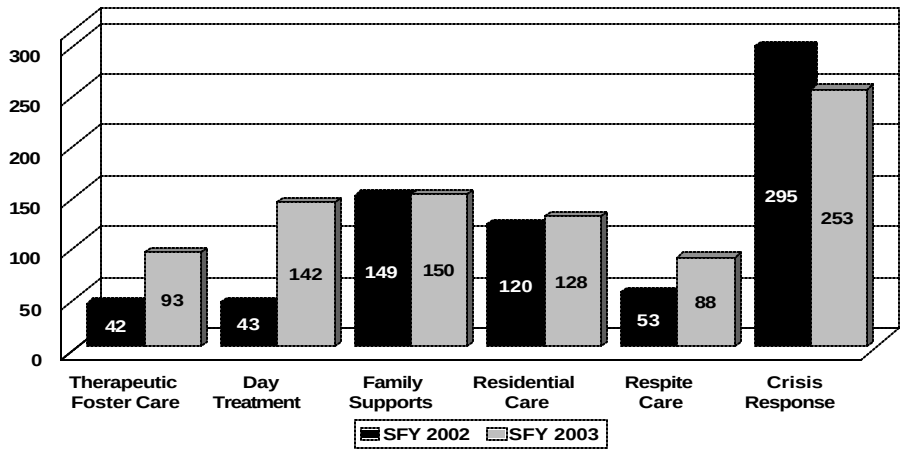
Respite services consist of time limited family support services in which an alternate care provider provides supervision and care for a child with mental health needs, either within the family home, residential or group home, or within a licensed foster home.

CRISIS STABILIZATION AND RESPONSE SERVICES

2003	**253**
2002	**295**
14% decrease	

The primary focus of crisis response services is to resolve emergency situations within the community, including homes, schools, neighborhoods, and hospitals**.**

SERVICES PROVIDED FOR CHILDREN WITH SED



OUTPATIENT CARE

Outpatient care is treatment that a child receives in a clinic or community setting designed to decrease distress, psychological symptoms, and maladaptive behavior or to improve adaptive and pro-social functioning. Outpatient care is funded by contracts through the Mental Health Authority and Medicaid. The children receiving services from the Mental Health Authority and the Psychosocial Rehabilitation are determined to have a serious emotional disturbance (SED). Other Medicaid services do not maintain SED as criteria for receiving the service, and therefore, the clinic option services do not reflect only children with SED. Medicaid data includes clinic option services, psychosocial rehabilitation option services, school based mental health services, EPSDT Service Coordination and psychiatric services.

OUTPATIENT CARE

Fiscal Year	**FY2003**		**FY2002**	
	Number Served	Cost	Number Served	Cost
Mental Health Authority	501 43% decrease	$519,043	886*	$276,143

Medicaid Psychosocial Rehabilitation	2228 21% increase	$11,322,624	1768	$10,991,424
Medicaid Clinic Option Services	8209 15% increase	$10,271,601	6959	$7,664,795
Medicaid Outpatient: Total	11,444 11% increase	$25,355,292	10,141	$22,616,084
Health and Welfare Outpatient: Total*	11,945 8% increase	$25,874,335	11,027	$22,892,227

**Duplicated count between Mental Health Authority and Medicaid.*

INPATIENT HOSPITAL CARE

Inpatient care is defined as services provided within the context of a psychiatric hospital setting. This level of care provides a high level of psychiatric and medical care and is utilized in times of potentially dangerous or high risk situations.

Average length of stay -Medicaid funded services in private hospitals (excluding State Hospital South)	**2003**	**9.8 days per episode**
Average length of stay at State Hospital South	**2003**	**71 days**

Inpatient Hospital Care

Service Description	**FY2003**		**FY2002***	
	Number Served	Cost	Number Served	Cost
Medicaid Inpatient*	667 6% increase	$4,675,311	630	$4,134,366
Mental Health Authority Inpatient*	71 14% increase	$27,258	61	$56,086
State Hospital South*	69 19% increase	$2,408,300	56	$2,387,500

** There may be some duplication between the three categories. FY2002 data has been updated.*

CAFAS SCORES OF CHILDREN SERVED

The Child and Adolescent Functional Assessment Scale (CAFAS) is a standardized, nationally recognized instrument that measures a child's functioning at school, home and in the community. The CAFAS is used to measure a child's improvement in functioning over time. A decrease in score means an increase in functioning.

Average score for children at entry into DHW services	**2003**	**116**
	2002	**107**
Average score for children at discharge from DHW services	**2003**	**64**
	2002	**62**

FAMILY SATISFACTION SURVEYS

Families receiving children's mental health services from DHW are provided an opportunity every 120 days to anonymously report their perceptions of the services provided. A survey was developed that asks 19 questions regarding access, appropriateness, effectiveness of services received and parental involvement.

Percent Reporting Positively from Family Satisfaction Survey

	SFY 2003	**SFY 2002**
Access	93.9%	93.1%
Appropriateness	97.3%	97.6%
Effectiveness of Services	97.2%	97.5%
Parental Involvement	95.7%	93.8%

DEPARTMENT OF JUVENILE CORRECTIONS

The Idaho Department of Juvenile Corrections (DJC) serves youth committed under the Juvenile Corrections Act, for care, control and competency development of adjudicated juvenile offenders. DJC has a legal mandate to provide reasonable medical care, including mental health care, to all juveniles in its custody who have those needs. The Idaho Department of Juvenile Corrections is further identifying juveniles in custody who meet the Department of Health and Welfare's definition of having a serious emotional disturbance (SED). Juveniles with SED constitute only a portion of those in custody who need mental health care, but they are the most seriously ill and most likely to need community-based services upon their return home.

The Idaho Department of Juvenile Corrections is tracking the following indicators to better identify juveniles in state custody who are defined as SED.

Number of youth committed

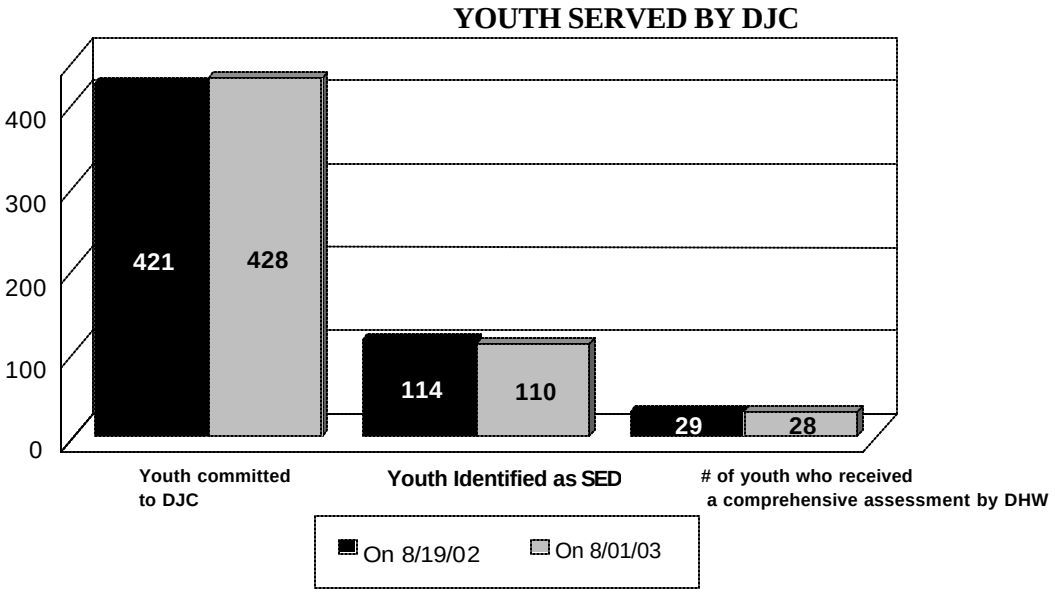
On August 1, 2003	**2003**	**428**
On August 19, 2002	**2002**	**421**

Number of youth identified as SED (Using same definition as DHW)

On August 1, 2003- 26% of total population	**2003**	**110**
On August 19, 2002 – 27% of total population	**2002**	**114**

Number of youth who received a comprehensive assessment by DHW prior to or at the time of commitment to DJC

August	**2003**	**28**
August	**2002**	**29**



Average CAFAS score upon initial assessment

August	**2003**	**132**
August	**2002**	**129**

The CAFAS was done by either DHW or DJC trained clinicians.

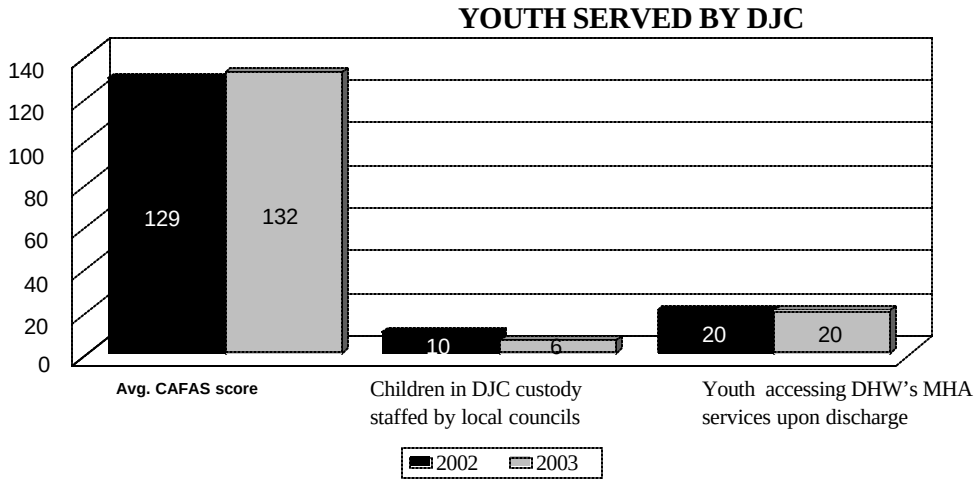
Number of youth in DJC custody staffed by a local council

August	**2003**	**6**
August	**2002**	**10**

Number of youth accessing children's mental health (CMH) services from DHW's Mental Health Authority upon discharge from DJC custody

August	**2003**	**20**
August	**2002**	**20**

DJC and DHW have developed a statewide protocol for accepting the initial CAFAS score for youth committed to DJC. This protocol is necessary because youth receiving services from DJC will have an improved CAFAS score upon discharge, thus making them ineligible for DHW funded services. This protocol is being implemented statewide and will result in more youth being eligible upon discharge.



DJC's SED Family Satisfaction Survey Summary

A family satisfaction survey was mailed in August 2003 to parents or guardians of 100 juveniles with SED in DJC custody. Eight questions were asked concerning mental health assessment and treatment. Thirty-Two of the surveys were completed and returned. Returned survey letters indicate that during the year prior to commitment, 66 percent of the youth had received a mental health assessment. Fifty percent of the parents rated their ability to participate in decision making regarding treatment planning as little to none, 63 percent rated DJC's mental health services for their youth as moderate to excellent, 59 percent reported their youth's improvement in mental health since commitment to DJC as somewhat to very much, and 81 percent reported having access to resources to continue their youth's mental health care after release from DJC custody.

STATE DEPARTMENT OF EDUCATION

The State Department of Education, through local school districts, ensures that eligible students ages 3-21 are provided with an appropriate and individualized education under the Individuals with Disabilities Education Act (IDEA). Students must meet the eligibility requirements for a student with an emotional disturbance under the IDEA.
All data are from the December, 2001-2002 Child Count. Data for 2003 is not available.

Students identified as ED

2002	**1,065**
2001	**935**
	14% increase

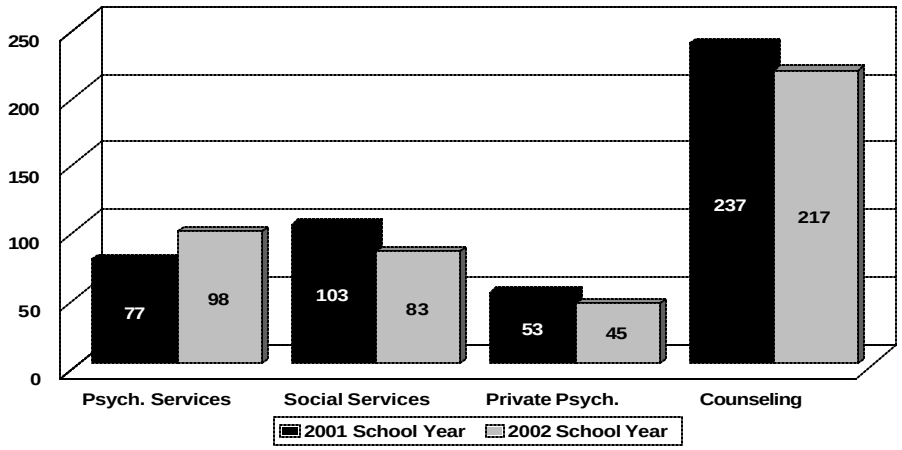
Students with ED who have been suspended or expelled: This data was not disaggregated by disability category last year.

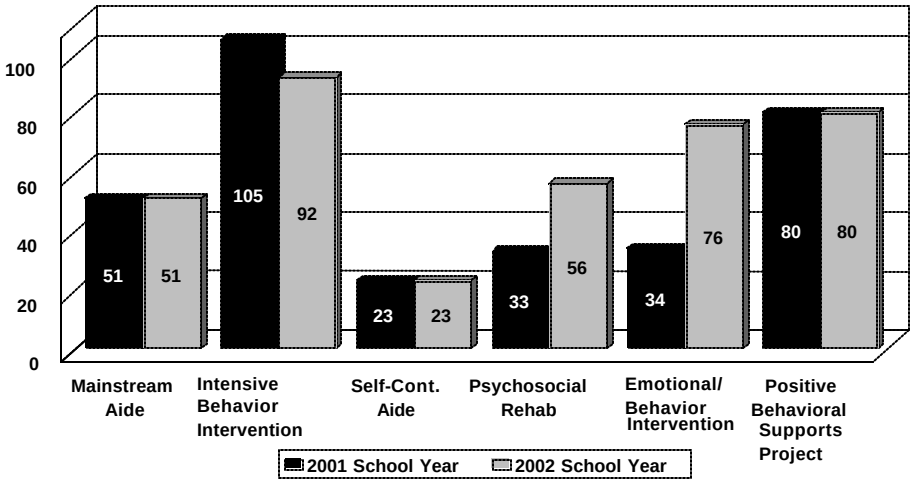
Services provided to students with ED through an Individualized Education Plan (IEP):

Number of children receiving school	**2002**	**98**
psychological services	**2001**	**77**

Number of children receiving school social work services	**2002**	**83**
	2001	**103** **19% decrease**
Number of children receiving services from a licensed psychologist or psychiatrist	**2002**	**45**
	2001	**53**
Number of students receiving school counseling services	**2002**	**217**
	2001	**237**
Number of children receiving family support services	**2002**	**46**
	2001	**No data available**
Number of students receiving one-to-one aide in a mainstream school environment	**2002**	**51**
	2001	**51**
Number of students receiving intensive behavior intervention	**2002**	**92**
	2001	**105** **12% decrease**
Number of students receiving one-to-one aide in self-contained program	**2002**	**23**
	2001	**23**
Number of students receiving psycho-social rehabilitation	**2002**	**56**
	2001	**33** **70% increase**
Number of students receiving emotional/behavioral interventions	**2002**	**76**
	2001	**34** **124% increase**
Number of students/teams provided ongoing consultation through Positive Behavioral Supports Project (on-site, team-based supports)	**2002**	**80**
	2001	**80**

SCHOOL SERVICES FOR STUDENTS WITH ED THROUGH AN IEP





Prevention or interventions for emotional or behavioral concerns:

Training sponsored by Idaho Department of Education, HIV/AIDS program:

- Empowering Students to Set Limits: A Refusal Skill Training
- Teaching About Mental and Emotional Health: Strategies for the Classroom.
- Get the Facts: A Workshop about HIV and AIDS
- Teaching About HIV/AIDS: Strategies for the Classroom.

Training sponsored by the Idaho Department of Education, Safe and Drug Free Schools:

- Student Assistance Teams
- Bullies and Victims
- Crisis Response Group Facilitator training
- Building Respectful Schools and Classrooms
- Building Rapport with High Risk Youth
- Aggression Replacement Training

The following information was provided by the State Department of Education for the ICCMH This is information from the 03-04 for budget planning as of 12/2003.

Direct services contributions •State and federal dollars to support education services to eligible students is currently: •Average per pupil state expenditure is $5,273. •Per pupil federal expenditure is $1,330. •Schools are serving 1,065 SED students identified on Dec. 1, 2002. •The state expenditure ($5,651,745), plus •The federal expenditure ($1,416,450) = 7,068,195	$7,068,195
SED allowance (for districts spending over the average amount allocated)	1,236,212
District to Agency Contracts	163,056
School Medicaid Est.	495,000
Other Expenditures for Educational Services: Juvenile Corrections – VI-B $27,664; I-A 178,082; II-A 30,661; V-A 5,627 Detention Cntrs/Grp Homes – D.C. Tuition $534,725, G.H. Tuition 718,658 Adult Corrections – VI-B $252,952; I-A 38,942	1,787,311
Alternative School Programs:	23,630,000
Total Dept. of Ed. Direct Services Est.	$34,379,774
Total Prevention Programs in addition to the above: Positive Behavioral Supports Training: $200,000 Safe and Drug Free Schools: $4,700,000; IV-A 1,800,000 Character Education: $320,000 Idaho Reading Initiative: $3,300,000	$11,320,000

Least Restrictive Environ. Teacher Training: $1,000,000
Head Start:

<u>Combined Total</u> of Direct Services and Prevention Programs **$45,399,774**

APPENDIX A

IDAHO COUNCIL ON CHILDREN'S MENTAL HEALTH
Definition - Serious Emotional Disturbance (SED) for regional and local councils.

A Serious Emotional Disturbance is defined as a child under the age of 18 [or 21 if served by an Individualized Education Program (IEP)], presenting with a diagnosable condition as determined by the DSM-IV or DSM-IV-TR. A substance abuse disorder or developmental disorder, alone, does not constitute a serious emotional disturbance although one or more of these two disorders may co-exist with a serious emotional disorder. Additionally, the child must have a functional impairment that substantially interferes with or limits the child's role or functioning in the family, community or school. The Child and Adolescent Functional Assessment Scale (CAFAS) or the Preschool and Early Childhood Functional Assessment Scale (PECFAS) will measure functional impairment. A score of 80 or above indicates a substantial functional impairment.

NOTE: The adoption of this definition of SED by the ICCMH does not affect an individual agency's definition of SED or an individual agency's criteria for services.

APPENDIX B

DEPARTMENT OF HEALTH AND WELFARE
Definition of Serious Emotional Disturbance (SED)

To be eligible for Department of Health and Welfare children's mental health services on an ongoing basis, a child or adolescent must have a serious emotional disturbance characterized by a DSM-IV diagnosis as described below and a functional impairment as described below. A standard clinical assessment will be used to gather and document the information needed to determine if a child has a serious emotional disturbance.

DSM-IV Diagnosis:

An Axis I clinical disorder is required. A substance abuse disorder, conduct disorder, or developmental disorder alone does not by itself constitute a serious emotional disturbance, although one or more of these disorders may co-exist with a serious emotional disturbance. Co-existing conditions require a joint planning process that crosses programs and settings. V Codes are not considered an Axis I disorder for purposes of this definition.

Functional Impairment:

The Child Adolescent Functional Assessment Scale (CAFAS) will be used to determine the degree of functional impairment. The child/adolescent must have a full scale score (using all 8 subscales) of 80 or above with a "moderate" impairment in at least one of the following three scales:

A. Self-Harmful Behavior
B. Moods/Emotions
C. Thinking

NOTE: The Department of Juvenile Corrections also uses this definition to determine if a youth is seriously emotionally disturbed.

APPENDIX C

STATE DEPARTMENT OF EDUCATION
Definition of Emotional Disturbance (ED)

A student with emotional disturbance has a condition exhibiting one or more of the five behavioral or emotional characteristics over a long period of time, and to a marked degree, that adversely affects his or her educational performance. The five behavioral or emotional characteristics include:

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors;
2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
3. Inappropriate types of feelings under normal circumstances;
4. A general pervasive mood of unhappiness or depression; or
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

APPENDIX D

COMMONLY USED ACRONYMS

CMH:	Children's Mental Health
DHW:	Department of Health and Welfare
DJC:	Department of Juvenile Corrections
SDE:	State Department of Education
CMHSA:	Children's Mental Health Services Act
ED:	Emotional Disturbance
IDEA:	Individuals with Disabilities Education Act
SED:	Serious Emotional Disturbance
CAFAS:	Child Adolescent Functional Assessment Scale
PSR:	Psychosocial Rehabilitation Services
IEP:	Individual Education Program
RMHA:	Regional Mental Health Authority
DAG:	Deputy Attorney General
MOA:	Memorandum of Agreement
HIPAA:	Health Insurance Portability and Accountability Act
EPSDT:	Early and Periodic Screening Diagnosis and Treatment
IBI:	Intensive Behavioral Interventions
MHA:	Mental Health Authority (DHW/CMH Program)